Questions and Issues Raised during Day One of the Moving CIS Forward Conference

Bundling and Cost Issues

1. Are medical services for nursing in the bundled rate?
    a. No, high risk medical services that require a physician's signature are not in the bundle.

2. Is the bundled rate pre paid the initial month then amount recalculated by number of people served?
    a. Services are delivered and then billed the following month.

3. How is administrative cost reflected in the bundled rate? And not taking away from direct service funds?
    a. The fiscal agent is allowed to take a minimal admin fee 'off the top.'
    b. Additionally, there are two salaried administrative positions: CIS Intake Coordinator, CIS Child Care Coordinator, in the bundle.

4. Where would administrative savings come from after development is done and the program fully in place?
    a. Less time spent billing because no longer billing units of service, rather billing once per month per client.
    b. Agencies already have infrastructure in place for billing.
    c. Reporting requirements are streamlined through the bundled contract.
    d. Once the One Plan is completed, practitioners are building on a single document rather than creating unique documents for each service provided.

5. Will fiscal agents continue to need additional staff to manage the program? How will that affect $$ available for direct service.
    a. We don't anticipate fiscal agents needing any additional staff or funds to manage a fully integrated system.

6. Why is there still Medicaid billing – isn't that fee for service?
    a. HP is the State's billing/payment contractor for CIS Global Commitment funding as well as many other State funds. Billing through HP is an efficient way of processing payments.

Operational Issues

1. I don't understand how the target number is determined.
    a. This number is based on 2008 caseload data obtained through Medicaid reimbursement.
    b. The fiscal agent will be expected to ensure services are provided to more than this minimum number of clients.

2. Are you able to accommodate all families who are referred or do you have a waiting list?
    a. Our expectation is that a fully integrated CIS system will eliminate waiting lists, as the CIS model allows other CIS team members to perform some CIS services to begin to address family's needs.

   b. Federal regulations prohibit Part C Early Intervention services from having a waiting list.

3. What constitutes a client in the minimum target?? Is it a family, a parent?
   a. A 'client' is an individual: pregnant/postpartum woman, parent/primary caregiver, child, and a child care program.

4. Do nursing visits under 4 visits count in the minimum?
   a. Yes, as long as it is a Medicaid client.

5. How does the Department of Education, Early Essential Education fit into CIS, One Plan, bundled rate, etc.?
   a. They don't at this time.

6. If there is no difference in services for families, are we achieving the goals of this funding change?
   a. The vision of this system is to improve service delivery to families. The performance measures will document this.

7. If visits previously conducted by nurses are now being conducted by Family Support Workers, how do you know services haven't changed?

   a. The mother/child/family's CIS team decides on the appropriate service(s). As needs change, new services and goals are reflected in the One Plan The effectiveness of the services provided are documented through measuring outcomes .

8. Do you know if outcomes have changed at all since this new system started?
   a. It is too early to tell.
   b. Qualitative information received to date indicates team members are satisfied and thinking more collaboratively about services to meet family's needs.

9. What about the research that shows that home visits by nurses, especially pre-natal, is most effective?
   a. CIS Nursing and Family Support services were started in 1987 and continue to be based on this research.

10. Who is visiting pregnant women and in what professional role?
    a. Nurses, Family Support Staff, or other CIS providers if needed by the family. The CIS model provides the flexibility to tailor the visitor to the need.

11. Is there discontinuity in providers once a woman leaves the post partum period?
    a. One Plan transition planning ensures continuity of CIS services or referrals to other community resources for CIS-served clientele if needs persist beyond the initial 60-day post-partum period.

12. Is there more nursing service focus connected with pregnancy with transition to FSW in the 1st year after birth?

a. This is individualized – dependent on the needs identified by the family.

13. With the example of each contracted provider getting a "set" amount – how do you handle the nursing cost of HBKF vs. family support workers – considering cutting down on "nursing" was one's approach? How does that settle with Nursing Services Budget, community partnerships? How have conversations of nursing services re: decisions to move more to Family support gone in your region?
    a. CIS funding will be distributed to one fiscal agent in each community. CIS Regional Teams will determine optimal funding distribution based on the needs identified over time within the community and desired outcomes.
    b. Guidance around CIS Governance will be provided by the CIS State Team early in 2011.

14. Will there be a period of gathering data before the next rollout?
    a. Data collection with the Phase One Communities is ongoing.
    b. Communities that have expressed readiness are intended to have contracts awarded to a single fiscal agent by March 2011.
    c. All other communities are expected to receive contracts to one single fiscal agent no later than January 2012.

<u>Questions for pilots</u>

1. Are all the pilots using the same data base? When will the data base be available?
    a. Not at this time. They will when the CIS database is in place.

2. How could pilot programs view the role of the MCH Coordinator?
    a. The MCH Coordinator continues to be an integral member of regional CIS teams.

3. If the 3 pilots are all doing things differently, what model will be used in the next "roll out'?
    a. The integrated CIS model is being implemented in all Phase 1 communities. The fiscal and administrative management details under a single fiscal agent are a local decision.

4. How many families are discussed at the Intake and Referral meetings?
    a. This is determined based on the volume received.

5. What is the meeting frequency?
    a. These meetings must occur weekly – at a minimum.

6. How many professionals participate and how long do the meetings take?
    a. The minimum number of professionals is stated in the CIS contracts.
    b. The meeting length is determined based on the volume received.

7. What specific structured cross trainings have taken place?
    a. This varies depending on the region and what is identified within the CIS Team's professional development plan.

8. Who gets paid when all three services are needed by one family?
    a. The CIS model provides the flexibility to tailor services to the client's need. CIS bundled funding is not fee-for-service; rather it is based on serving a minimum number of Medicaid-eligible individuals per month.
    b. Each service organization holding a subcontract is reimbursed in accordance with that subcontract as negotiated with the CIS Fiscal agent.

9. How do you handle waiting lists?
    a. Our expectation is that a fully integrated CIS system will eliminate waiting lists, as the CIS model allows other CIS team members to perform some CIS services to begin to address family's needs.

10. Anticipating additional cuts, where will you make those reductions?
    a. CIS Regional Teams will determine optimal funding distribution based on the needs identified over time within the community and desired outcomes.

11. What is the administrative impact on partners who are not the single fiscal agent?
    b. There are time-savings around billing because subcontractors are reporting on what clients they have served once per month.
    c. Reporting requirements are streamlined through the bundled contract.

12. What has improved for families? What might be improved for families?
    a. The vision of this system is to improve service delivery to families. The performance measures will document this.
    b. Data collection with the Phase One Communities is ongoing.
    c. A family survey is under development.

13. How did Lamoille come up with a "program manager" title? How were the job responsibilities and salary determined?
    a. This is a discussion that should occur between Lamoille and those asking the question.